

**The Commonwealth of Massachusetts**  
**Division of Professional Licensure**  
BOARD OF REGISTRATION OF  
SPEECH-LANGUAGE PATHOLOGY & AUDIOLOGY  
239 CAUSEWAY STREET  
BOSTON, MA 02114  
(617) 727-3071  
[www.mass.gov/dpl/boards/sp](http://www.mass.gov/dpl/boards/sp)

Amount Received

License No.

\*\*\*\*\*DO NOT WRITE ABOVE THIS LINE\*\*\*\*\*

**APPLICATION FOR LICENSURE**

**Application Fee: \$57.00 for each professional area, made payable to the Commonwealth of Massachusetts:**

\_\_\_\_\_ **Speech-Language Pathology Assistant**

\_\_\_\_\_ **Audiology Assistant**

Please Print or Type all information.

1. NAME:

\_\_\_\_\_ last \_\_\_\_\_ first \_\_\_\_\_ middle initial  
other/maiden: \_\_\_\_\_

2. RESIDENTIAL ADDRESS:

\_\_\_\_\_  
\_\_\_\_\_  
city or town state zip code  
( )  
telephone #

3. BUSINESS ADDRESS:

\_\_\_\_\_  
\_\_\_\_\_  
city or town state zip code  
( )  
telephone #

4. EMAIL ADDRESS:

\_\_\_\_\_

5. Name as you wish it to appear on your license:

\_\_\_\_\_ first \_\_\_\_\_ middle initial or name \_\_\_\_\_ last

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(mandatory) M M / D D / YYYY

Pursuant to M.G.L. Ch. 62C, s. 47A, the Division of Professional Licensures is required to obtain your social security number and forward it to the Department of Revenue. The Department of Revenue will use your social security number to determine if you are in compliance the tax laws of the Commonwealth.

6. List all professional licenses/certifications you have held in the United States, or any country or foreign jurisdiction, and the state/jurisdiction from which the license/certification was originally issued.

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**You must have an official letter of verification of licensure sent from each jurisdiction in which you have been licensed.**

7. Has any disciplinary action been taken against you by a licensing/certification board located in the United States or any country or foreign jurisdiction?

\_\_\_\_\_ No \_\_\_\_\_ Yes If so, please state the details: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

8. Have you voluntarily surrendered a professional license to a licensing/certification board in the United States or any country or foreign jurisdiction?

\_\_\_\_\_ No \_\_\_\_\_ Yes If so, please state the details. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

9. Are you the subject of pending disciplinary action by a licensing/certification board located in the United States or any country or foreign jurisdiction?

\_\_\_\_\_ No \_\_\_\_\_ Yes If so, please state the details. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

10. Have you been the defendant in a civil proceeding resulting in a settlement or a judgment against you?

\_\_\_\_\_ No \_\_\_\_\_ Yes If so, please state the details \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

11. Have you been convicted of, or admitted to, a criminal offense other than a misdemeanor in the United States or any country or foreign jurisdiction?

\_\_\_\_\_ No \_\_\_\_\_ Yes If so, please state the details. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**The Board is certified by the Criminal History Systems Board [ID# MAREG G] to access data about convictions and pending criminal cases. Those records—and other Federal and professional records—may be checked as part of your licensing process. No records are automatic disqualifiers; you will be given an opportunity for a limited appearance before the Board.**

## 12. EDUCATION

College or University	Degree Earned	Date	Concentration

**Have Official Transcripts (with the College Seal) from all Higher Education Institutions sent to the Board.**

## 13. OBSERVATION HOURS

Agency: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_

city \_\_\_\_\_ state \_\_\_\_\_ zip code \_\_\_\_\_

Telephone No.: (\_\_\_\_\_) \_\_\_\_\_

**Send Observation Hours Form to the Board upon completion. The Observation Hours Form can be found on the Division website.**

14. Pursuant to G.L.M.c.62C, s.49A, I have filed all required Massachusetts tax returns.

Yes \_\_\_\_\_ No \_\_\_\_\_

If no, please explain

\_\_\_\_\_

15. I agree to abide by the rules and regulations for the licensing of Speech-Language Pathology Assistants and Audiology Assistants as contained in Title 260 of the Code of Massachusetts Regulations and attest that all statements herein are truthful and are made under the pains and penalties of perjury.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Applicant's signature-signed in the presence of a Notary Public Date: M M / D D / YYYY

\_\_\_\_\_  
Signature of Notary Public Date Notary's Commission Expires: M M / D D / YYYY

Place a 2" by 2"  
original photo of  
yourself in this box.



The Commonwealth of Massachusetts  
Division of Professional Licensure

Board of Registration of Speech-Language Pathology  
and Audiology

239 Causeway Street, Boston MA 02114  
(617) 727-3071

## Checklist for Securing a License as an Assistant

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- ☐ Provided evidence of appropriate educational preparation from at least **one** of the following:
- 
- ☐ Official transcripts from an **associates degree** in Speech Language Pathology or Audiology from a training program approved by a national certifying body or,
- 
- ☐ Official transcripts from a **bachelors degree** with a major in Speech-Language Pathology or Audiology or,
- 
- ☐ Official transcripts of a **bachelors degree and a certificate** from a Board-approved Speech-Language Pathology or Audiology assistant program or,
- 
- ☐ Official transcripts from **any** associate degree, bachelor degree or advanced degree, **AND**  
An additional **18 semester credit hours** of successfully completed coursework in Speech-Language Pathology and/or Audiology. (Six of these hours must be in disorders of speech, language or hearing.)
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- ☐ Provided evidence of 20 hours of observation of clinical practice by a licensed Speech-Language Pathologist or Audiologist.
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- ☐ Read and have a full understanding of the Board's governing statutes and regulations. (M.G.L. c. 112, 138 through 147; & 260 CMR)  
[http://www.mass.gov/dpl/boards/sp/rule\\_reg.htm](http://www.mass.gov/dpl/boards/sp/rule_reg.htm)
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- ☐ Completed application from the Commonwealth of Massachusetts Board of Speech-Language Pathology and Audiology.  
<http://www.mass.gov/dpl/boards/sp/forms.htm>
- Including **all** of the following:
- 
- ☐ Sign the application.
- 
- ☐ Signature of a Notary Public.
- 
- ☐ A 2" x 2" original photo attached to application
- 
- ☐ Include a **check or money order** in the amount of **\$57** payable to the Commonwealth of Massachusetts.
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